STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004168	A. BUILDING: _____ B. WING _____	C 10/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD CROSSING APARTMENTS	1212 WATERFORD CIR GOSHEN, IN 46526

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint #IN00137023. Complaint #IN00137023 - Substantiated. No deficiencies related to the allegations are cited. Survey Date: October 2, 2013 Facility ID number: 004168 Provider: 004168 AIM Number: N/A Survey Team: Deb Kammeyer, RN TL Lora Swanson, RN Pam Williams, RN Census bed type: Residential: 46 Census Payor type: Private: 46 Sample: 3 Waterford Crossing Apartments was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint #IN00137023. Quality Review 10/03/13 by Lisa McColly	R 000		